MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
105 C.M.R. 675.000

MODEL MASSACHUSETTS ICE SKATING RINK AIR QUALITY RECORD KEEPING LOG

The intent of this document is to provide a model log book for keeping records that are required by 105 CMR 675.007: Record Keeping Requirements. If this model log book is filled out completely, accurately, and current, compliance with this section of the regulations will be deemed complete.

_____

Name of the Skating Rink

_____

Owner of the Skating Rink

_____

Operator of the Skating Rink

Rink Information

Name of Rink: _____

Street: _____

City: _____, Massachusetts

Zip Code: _____ Telephone number: _____

Owner Information

Name of Owner of Rink: _____

Street: _____

City: _____

State: _____ Zip Code:_____

Contact: _____

Telephone Number: _____

Manager of Rink: _____

Telephone Number: _____

Operator Information (if different)

Name of Operator of the Rink: _____

Street: _____

State: _____ Zip Code: _____

Telephone Number: _____

Section One

Ice Resurfacing Equipment

Primary Ice Resurfacer Information

Brand of ice resurfacer: _____

Age of Resurfacer (in years): _____

Fuel (Circle one): Gasoline Propane Natural Gas Other_____

Exhaust Pipe Discharge at (Circle one): Ice Level Above Ice

Catalytic Converter (if applicable)

Type of Catalytic Converter: _____

Manufacturer: _____ Date of Installation: _____ /_____ /_____

Name of Installer: _____

Signature of Installer: _____

Secondary Ice Resurfacer Information (if applicable)

Brand of ice resurfacer: _____

Age of Resurfacer (in years): _____

Fuel (Circle one): Gasoline Propane Natural Gas Other_____

Exhaust Pipe Discharge at (Circle one): Ice Level Above Ice

Catalytic Converter (if applicable)

Type of Catalytic Converter: _____

Manufacturer: _____Date of Installation: _____ /_____ /_____

Name of Installer: _____

Signature of Installer: _____

Edger Information

Brand of Edger: _____Age of Edger (in years): _____

Fuel (Circle one): Gasoline Propane Natural Gas Other_____

Catalytic Converter (if applicable)

Type of Catalytic Converter: _____

Manufacturer: _____ Date of Installation: _____ /_____ /_____

Name of Installer: _____

Signature of Installer: _____

Ice Resurfacing Equipment
Repair and Tuning Documentation Sheet

This form must be filled out after any repair or tuning of ice resurfacing equipment (i.e. resurfacers and/or edgers) [105 CMR 675.007(C)]

Date	Equipment	Work Performed	Signature	Conducted By
				Company:
				Address:
				Company:
				Address:
				Company:
				Address:
				Company:
				Address:
				Company:
				Address:
				Company:
				Address:
				Company:
				Address:

Section Two

Results of Air Sampling

Ice Rink Ventilation

Type of mechanical ventilation: _____

Maximum airflow capacity (in cubic feet per minute): _____

Date of Last Maintenance: _____ /_____ /_____

Air Monitoring Equipment

Type of air monitoring equipment for carbon monoxide: _____

Date of Last Calibration: _____ /_____ /_____

Type of air monitoring equipment for **nitrogen dioxide**: _____

Date of Last Calibration: _____ /_____ /_____

Indoor Air Test Results for Skating Rinks (Copy as needed)

Name of Rink: ___________________________________ Town:______________________________

Date	Time	Carbon Monoxide * ppm	Nitrogen Dioxide * ppm	Air Sample Device	Lot # (if applicable)	Air Sampling Location (Circle)	Signature
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2 -	Center ice Redline	
					CO - NO2-	Center ice Redline	

*ppm = parts per million of air

Indoor Air Levels for Carbon Monoxide and Nitrogen Dioxide

If an air sample **equals or exceeds 30 ppm for carbon monoxide or 0.5 ppm for nitrogen dioxide**, you must take positive measures to decrease air concentrations of these contaminants below these standards as described in 105 C.M.R. 675.009.

If an air sample **equals or exceeds 30 ppm for carbon monoxide or 0.5 ppm for nitrogen dioxide** for six (6) consecutive air samples, you must notify the local fire department within one hour, local board of health and the Bureau of Environmental Health Assessment within 24 hours of sampling.

If an air sample **equals or exceeds 60 ppm for carbon monoxide or 1 ppm for nitrogen dioxide**, you must notify the local fire department within one hour, as well as the local board of health and the Bureau of Environmental Health Assessment within 24 hours of sampling.

If an air sample **equals or exceeds 125 ppm for carbon monoxide or 2 ppm for nitrogen dioxide, YOU MUST EVACUATE THE RINK**, notify the local fire department as soon as possible, the local board of health upon completion of the evacuation, and the Bureau of Environmental Health Assessment within two hours.

The Bureau of Environmental Health Assessment can be contacted at (617) 624-5757 during work hours, or at (617) 522-3700 during the night or weekend.

Actions Taken to Reduce Air Concentrations of Carbon Monoxide or Nitrogen Dioxide if Air Testing Exceeds Correction Levels

(Copy as Needed)

Name of Rink: _____

Town: _____ Date: _____ /_____ /_____

If air testing exceeds correction levels, the regulations require air testing every 20 minutes subsequent to the initial air test to determine if corrective measures are reducing concentrations of carbon dioxide or nitrogen dioxide.

Time of Follow Up Air Sample	**Carbon Monoxide * ppm**	**Nitrogen Dioxide * ppm**	**Corrective Measure(s) Employed**
20 minutes after resurfacing			
40 minutes after resurfacing			
60 minutes after resurfacing			
80 minutes after resurfacing			
100 minutes after resurfacing			
120 minutes after resurfacing			
140 minutes after resurfacing			

*ppm = parts per million of air

Form: ice4/1999